



4-20-01

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket 2240.005



FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER
for nonprovisional applications under 37 CFR 1.53(b) Inventor: KEIL
TITLE: APPARATUS FOR ESTABLISHING DEBIT ACCOUNTS

EXPRESS MAIL LABEL NO.: EL608094420US
Date submitted: 04/17/01

APPLICATION ELEMENTS

(See MPEP chapter 600 concerning utility patent appln.)

Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

1. Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)

2. Specification 19 Total Pages
(preferred arrangement set forth below)
-Descriptive title of the Invention
-Cross References to Related Applications
-Statement Regarding Fed sponsored R&D
-Reference to Microfiche Appendix
-Background of the Invention
-Brief Summary of the Invention
-Brief Description of the Drawings (if filed)
-Detailed Description
-Claim(s)
-Abstract of the Disclosure

3. Drawing(s) (35 USC 13) 9 Sheets

4. Decl./Pow. of Att. 2 Total pages
a. Combined Executed (original or copy) for C-I-P application
b. Copy from a prior appln. (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)

6. Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. Computer Readable Copy
b. Paper Copy (Identical to computer copy)
c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS:

8. Assignment Papers (cover sheet & documents(s))
9. 37 CFR 3.73(b) Statement Power of Attorney
10. English Translation Document (if applicable)
11. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations
12. Preliminary Amendment
13. Return Receipt Postcards (2) (MPEP 503)
14. Small Entity(2) Statement filed in prior
(Unsigned) Statement(s) Application

[Note Box 5 Below]

I. Deletion of Inventor(s)
(If foreign priority is claimed)

Signed statement attached deleting 16. Other:
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b)

5. Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a
copy of the Oath or Declaration is supplied under Box 4b,
is considered as being part of the disclosure of the
accompanying application and is hereby incorporated
by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No. 09/334,887

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label or Correspondence address below
(Insert Customer No. Or Attach bar code label here) Cust. #71917

NAME: Michael A. Slavin
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SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

FEE TRANSMITTAL for FY2001

Date: 04/17/01

Total Amount DUE: \$ 395.00

METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge the filing fees and any additional fees to:

Deposit:

Account No. _____

Deposit

Account Name: _____

Charge any additional Fee required under 37 CFR 1.15 and 1.17 _____

Applicant claims small entity status. See. 37 CFR

37 CFR 1.15 and 1.17

1.27

2. Payment Not submitted

Check Money Order Other

FEE CALCULATION

1. FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	FEE DESCRIPTION/FEEL PAID
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101 710 201 355 Utility filing fee 355

106 320 206 160 Design filing fee 160

107 490 207 245 Plant filing fee 245

108 710 208 355 Reissue filing fee 355

114 150 214 75 Provisional filing fee 75

SUBTOTAL(1) \$355.00

Fee from

2. CLAIMS Extra below Fee Paid

Total Claims 17 - 20 = 3 x 9 = \$ -0-

Independent 2 - 3 = -0- x 40 = \$ -0-

Multiple Dep 0 x =

Claims

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	FEE DESCRIPTION
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103 22 203 11 Claims in excess of 20

102 82 202 41 Ind. Claims in excess of 3

104 270 204 135 Mult. Dependent claim

109 82 209 41 Reissue Independent Claims over Original Patent

110 22 210 11 Reissue Claims in excess of 20 and over original patent

Other fee (specify) _____

Other fee (specify) _____